

# CITY OF IMPERIAL BEACH Junior Lifeguard Program Financial Aid Application

Dear parent or guardian:

| The Imperial Beach Junior Lifeguard Program makes funds available to give financial aid to those who         |
|--|
| are challenged by our tuition costs. It gives those individuals the opportunity to participate in the Junior |
| Lifeguard Program who would otherwise not be able to participate. If your household income is equivalent     |
| to or less than the amounts on the income scale below then you may qualify for financial aid.                |
| ☐ Household is defined as a group of related or non-related individuals who are living as one economic       |
| unit and sharing living expenses.  |
| ☐ Living expenses include rent, clothes, food, hospital bills, and the like.                                 |
| Foster children who are the legal responsibility of the welfare agency or court may be eligible regardless   |
| of your income.  |
| Income includes:   |
| ☐ All earnings from work; wages, salaries, tips, strike benefits, income from private business.              |
| □ Unemployment Compensation, Workers' Compensation.  |
| □ Public Assistance Payments.  |
| □ Alimony and Child Support Payments.  |
| □ Pensions, Supplemental Security Income, Retirement Payments, Social Security.                              |
| ☐ Disability Benefits, Interest, Dividends, Investments, Trusts, Regular compensations from persons not      |
| living in the household, Royalties, etc.   |
| *Financial aid is limited by the amount of available funds available to the Junior Lifeguard Program.        |
| Instructions/Check List:   |
| □ Complete pages 3 and 4   |
| □ Attach copy of your completed 2015 Federal Tax Return  |
| □ Submit to City of Imperial Beach Finance Department AFTER your child has successfully completed a          |
| swim test. Do not delay in submitting as financial aid is given on a first come first serve basis.           |

The IBJG income guidelines are taken from the 2015-2016 USDA income eligibility guidelines for free and reduced meal plan benefits.

# 2016 Eligibility Guidelines

| Total Family Size | Annually | Monthly | Twice per Month | Every 2 Weeks | Weekly  |
|-------------------|----------|---------|-----------------|---------------|---------|
| 1                 | \$21,590 | \$1,800 | \$900           | \$831         | \$416   |
| 2                 | \$29,101 | \$2,426 | \$1,213         | \$1,120       | \$560   |
| 3                 | \$36,612 | \$3,051 | \$1,526         | \$1,409       | \$705   |
| 4                 | \$44,123 | \$3,677 | \$1,839         | \$1,698       | \$849   |
| 5                 | \$51,634 | \$4,303 | \$2,152         | \$1,986       | \$993   |
| 6                 | \$59,145 | \$4,929 | \$2,465         | \$2,275       | \$1,138 |
| 7                 | \$66,656 | \$5,555 | \$2,778         | \$2,564       | \$1,282 |
| 8                 | \$74,167 | \$6,181 | \$3,091         | \$2,853       | \$1,427 |
| Each Addtl Person | \$7,511  | \$626   | \$313           | \$289         | \$145   |

## CITY OF IMPERIAL BEACH

Junior Lifeguard Program

## **FINANCIAL AID APPLICATION**

All information supplied will be kept strictly confidential.

| Participant's Name:  |                          |                                      |  |  |  |  |
|--|--------------------------|--------------------------------------|--|--|--|--|
| Last   | First                    | Middle                               |  |  |  |  |
|  |                          |                                      |  |  |  |  |
| Address: Street  |                          | City Zip                             |  |  |  |  |
| Number Street  |                          | City Zip                             |  |  |  |  |
| Sex: MaleFemale Date of Birth:   | //Age:                   | Phone: ( )                           |  |  |  |  |
| Are you a past recipient of the Scholarship/F If yes, what year?                                   | inancial Aid Progra      | am? YesNo                            |  |  |  |  |
| TO PROCESS YOUR APPLICATION  | ON, THE FOLLOW           | ING INFORMATION IS NEEDED:           |  |  |  |  |
| Father or Legal Guardian (if applicable)   | Mothe                    | er or Legal Guardian (if applicable) |  |  |  |  |
| NAME:  | NAM                      | IE:                                  |  |  |  |  |
| Living with applicant? YES NO  | Livin                    | g with applicant? YES NO             |  |  |  |  |
| Occupation:  | Occi                     | upation:                             |  |  |  |  |
| Employer:  | ployer: Employer:        |                                      |  |  |  |  |
| Monthly Gross Income: \$   | Monthly gross income: \$ |                                      |  |  |  |  |
| Please list the names and ages of all persons claimed as dependents on your 2015 Federal Tax Form: |                          |                                      |  |  |  |  |
| NAME   | AGE                      | RELATIONSHIP                         |  |  |  |  |
|  |                          |                                      |  |  |  |  |
|  |                          |                                      |  |  |  |  |
|  |                          |                                      |  |  |  |  |
|  |                          |                                      |  |  |  |  |
|  |                          |                                      |  |  |  |  |
| □ Check box if household is receiving AFD0   | c. c                     | ase number:                          |  |  |  |  |
| □ Check box if household is receiving Food   | l Stamps Case nun        | nber:                                |  |  |  |  |

### Do not forget to attach your 2015 Federal Tax Return

I/We certify that the above information is true and correct to the best of my/our knowledge. I/We understand that this information will be held by the Imperial Beach Junior Lifeguard Program in strict confidence and it will only be used to determine income level for tuition financial aid funding.

| □ Parent or Guardian's Signature:  | Date: |    |
|--|-------|----|
| □ Parent or Guardian's Signature:  | Date: |    |
| If you are awarded financial aid, you will be responsib rate) before the start of the program. If payment is not |       | ot |

in the program will be given to another child.

If you are denied financial aid, you will have 5 business days to pay the fee associated with the date you submitted your application, after those 5 days you will be responsible to pay according to the fee schedule.

#### NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Imperial Beach Junior Lifeguard Program admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, financial aid, scholarship and loan programs, and athletic and other school administered programs. Children that receive free or reduced tuition shall be treated in the same manner as those paying full price.